

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S)

09940763

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1				1		
10 2				1		
3				1		
4				1		
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TOTAL IND.			22	22	22	
TOTAL DEP.		22	38	38	38	
TOTAL CLAIMS		50	60	60	60	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			22	22	22	
TOTAL DEP.		22	38	38	38	
TOTAL CLAIMS		50	60	60	60	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)		09940063	
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
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TOTAL IND.										
TOTAL DEP.										
TOTAL CLAIMS										

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS